



Editorial

The business of nurse educators in troubled times

I wanted to be a nurse teacher so badly. As a wistfully young clinician I loved working with students. I loved learning every aspect of my craft, art or practice—call it what you will. I loved the various aspects of scholarship that were unfolding for me as I discovered this wondrous iceberg called Nursing, where there forever seemed to be so much more below the surface than I could fathom. I loved the thinking, the discussions with colleagues and students, the questioning, the writing, the presenting and the “further studies.”

It seemed the most natural of progressions to become a nurse educator. Such a fond hope however ignored the oxymoronic realities of nurses’ “career progression” in the 1970s, especially for those of us considered less than “real nurses,” from fields such as Learning Disability (or “Mental Handicap”/“Mental Subnormality” as it was then grotesquely defined). I regularly petitioned the local “College of Nursing” to undertake some, any, teaching course, to work in some capacity as an unqualified clinical teacher, to “help out” in some way. Had I worn a sandwich board saying: “Will Work For Food” I could not have seemed more willing.

A defining moment for me came at an informal interview at Edinburgh University where I was keen to do the old RCNT ‘Clinical Teacher’ course. There, I was essentially warned off, in a display of condescension that would have made Mrs. Thatcher look deferential. In a tone of voice suggesting that my dog had just died, I was told that I “would struggle to manage the demands of the course” if indeed I ever made it that far, given that it was, and I quote, “full of high-flyers from the London teaching hospitals.” On gaining my PhD from this same university some years later, I’m sure I felt quite airborne. Eventually, I did navigate my way through the labyrinthine obstacle course of becoming a “registered” Nurse Educator and have scarcely regretted a moment of doing what was and still is a truly great job.

Clearly, all of this was before our current era of worldwide faculty shortages where universities will almost lasso any remotely interested clinicians off the streets and into preceptor, mentor, clinical associate or other positions that might tempt them to consider nursing education as a possible career option.

Difficult though the faculty-shortage issue is, it almost pales in comparison as Higher Education systems worldwide are now feeling the force of a changing political mores that does not see inquiry, thinking, knowledge and learning as being a “good” so self-evident that justification is unnecessary, but rather as only one of many factors that contribute to something called “the knowledge economy” (Marginson, 2010). As I write, in the UK for example, the higher education and public service sectors are facing swingeing funding cuts^{1,2}

¹ <http://www.guardian.co.uk/education/2010/oct/15/browne-review-universities-cuts>.

² <http://www.heraldscotland.com/news/education/thousands-of-university-staff-facing-redundancy-1.1065787>.

in the context of a £90 billion budget deficit and the spectre of financial meltdowns in neighbouring countries such as Ireland and Greece.

Nurse educators should have realised that the sands were shifting under their feet a long time ago (see, e.g., Thompson and Watson, 2006; Thompson, 2009) but whether many did is doubtful. How often have you heard colleagues saying that their job is to teach and “support students” and that they are just “too busy” to research, publish, present or otherwise engage with the scholarship ethos of the University that they now inhabit? This is not simply abrogation of professional responsibility, it is now occupational mass grave-digging. The world of Nursing Education that existed even 10 years ago may be scarcely recognisable now. Nurse education was seen by many as “secure” and nurse educators deemed indispensable, in a job for life, virtually irrespective of performance. No more. That world of the nurse educator (or even the old Sister Tutor) that may have sufficed yesterday will not work today (Walker, 2009). The “good old days” of an entitlement culture and progress based on seniority, experience and “who we are” are gone and they are not coming back. The move to a meritocratic culture based on positive, tangible results is as apparent as it may be uncomfortable.

To engage with this culture nurse educators need to do what they should have been doing the moment nursing moved from the old “College of Nursing” world into the University sector and that is connecting with and embracing the world of scholarship that did and hopefully still does, characterise university life. Gary Rolfe has articulated this well in his recent editorial “Only Connect” where he notes:

“If the discipline of nursing is to survive and flourish as anything more than a provider of vocational training it is imperative that we make connections and find our place in the wider community of academics and scholars in what remains of the modern University” (Rolfe, 2010 pp.703).

The biggest danger in these tough times is perhaps that nurse education will not rise to the challenge of connecting with research and scholarship, but will rather lose heart, metaphorically put on the tin helmet, pull up the drawbridge and move into a siege mentality. The human body may show signs of “shutting down” prior to death but nursing education as a body surely must not. Nurse educators need to decide whether to react as if the sky is falling and all is doom or to reaffirm, reestablish and recommit to the demonstrable value and positive contribution that the best nurse educators bring not only to higher education and health services but to society as a whole.

We have often been told that health care and higher education are now businesses and that nurse educators need to develop a more business-like orientation. Fine, but let us be absolutely certain of the business that we are in and that is nothing less than the transformation business.

As a nurse educator, you are not in the business of “giving lectures,” “marking papers,” “supporting students,” “facilitating tutorials,” “designing curricula” or the like. You are in the transformation business.

You transform students into safe, skilled and self-confident practitioners.

You transform apathy and cynicism into enthusiasm and robust idealism.

You transform clinical, interpersonal and ethical problems from potential career-ending setbacks into opportunities for deep learning and personal and professional mastery.

You transform patient and client experience from everyday “anecdote” into the bedrock of clinical judgement, deep understanding of “patient experience” and service quality.

You foster and build confidence and self-belief where this has been eroded, damaged or has never developed while also challenging an equally dangerous overconfidence, arrogance or narcissism.

In your research and scholarship you transform the stereotype of the detached “ivory-tower” academic by your meaningful, productive and mutually beneficial connections and collaborations with clinical colleagues and service areas.

You challenge the prejudice that academics and their research and teaching are of no use in the “real world” of health policy and politics by your approaches to knowledge translation and research impact and by the demonstrable profile and presence that you and your work has at a wide range of important “touchpoints” in health policy and politics.

That is the “business” of nursing education and these are the times that will test the mettle of nurse educators. If you are not actively engaged in the research and scholarship of nursing education then be

prepared to face the question, “What business do you have being part of a University?” Our nurse educators need to show a surfeit of the problem solving skills and resilience that we have been imparting to students for years (Jackson et al., 2007). When resources are diminished, resourcefulness must ascend.

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